

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90328 027 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                               |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N00000006077</b><br>1. Entity Name<br><b>THE MARCH FOR JUSTICE CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                               |                                                                              |
| Principal Place of Business<br><b>C/O NIDAL SAKR, 1000 WEST AVE, STE 612<br/>         MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | Mailing Address<br><b>P.O. BOX 249163<br/>         CORAL GABLES, FL 33124</b>                                                                                                 |                                                                              |
| 2. Principal Place of Business<br><b>12266 S. 117 Court</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                     |                                                                              |
| City & State<br><b>Miami FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | City & State                                                                                                                                                                  |                                                                              |
| Zip<br><b>33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>U.S.A.</b>                                            | Zip                                                                                                                                                                           | Country                                                                      |
| 4. FEI Number<br><b>65-1057106</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                        |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>SAKR, NIDAL<br/>         C/O NIDAL SAKR, 1000 WEST AVE. STE 612 STE 304<br/>         MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |                                                                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                                                                               |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                                                                                               |                                                                              |
| <b>Filing Fee is \$61.25<br/>         Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | 9. Election Campaign Financing<br>Trust: Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                        |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                               |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10</b>                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>MCBRIDE, DANIEL<br>245 NE A ST.<br>BOCA RATON, FL 33432       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>TRACEY, MATHEW<br>3121 NE 7TH AVE., APT. 3<br>MIAMI, FL 33137 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DTC<br>SAKR, NIDAL<br>1000 WEST AVE #612<br>MIAMI, FL 33139         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>RAE, SARA<br>1500 BAY ROAD #1180<br>MIAMI BEACH, FL 33139      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                     |                                                                                                                                                                               |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | <b>Nidal Sakr, Chairman 4/20/04 305-586-5000</b>                                                                                                                              |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | <small>Date Daytime Phone #</small>                                                                                                                                           |                                                                              |

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